

CLAIMS ONLY							Application Number 10558893		Filing Date			
							Applicant(s)					
* May be used for additional claims or amendments												
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT							
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1							51					
2							52					
3							53					
4							54					
5							55					
6							56					
7							57					
8							58					
9							59					
10	I						60					
11		I					61					
12		I					62					
13		I					63					
14		I					64					
15		I					65					
16		I					66					
17		I					67					
18		I					68					
19	I						69					
20	I						70					
21		I					71					
22		I					72					
23		I					73					
24		I					74					
25		I					75					
26		I					76					
27							77					
28							78					
29							79					
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37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	3						Total Indep					
Total Depend	14						Total Depend					
Total Claims	17						Total Claims					